



### ANALYSIS REQUEST FORM: Horses – Donkeys

<b>A. ADMINISTRATIVE INFORMATION</b>	Your reference:	Dossier nr.:
Veterinarian: name and surname (stamp)	Inspector FASFC: name	
Order affiliation nr.:	Local Control Unit (LCU):	
Email:		

**Holder:**

Sanitel herd number: \_\_\_\_\_  
 surname \_\_\_\_\_ first name \_\_\_\_\_  
 street \_\_\_\_\_ nr. \_\_\_\_\_  
 postal code \_\_\_\_\_ city \_\_\_\_\_

**Submitted by:**

Veterinarian  
 Inspector / FASFC  
 Holder  
 Lab / Other \_\_\_\_\_

**Report results to:**

Veterinarian  
 Inspector / FASFC  
 Holder  
 Lab / Other \_\_\_\_\_

**Invoicing:** Complete field 1 or field 2

<p><u>Field 1</u></p> <p><b>Invoice for the analyses in the name of:</b></p> <p><input type="radio"/> Veterinarian                      <input type="radio"/> Holder  <input type="radio"/> Laboratory                         <input type="radio"/> Other</p> <p>Client nr. (if known) _____</p> <p>name _____</p> <p>street _____</p> <p>nr. _____ postal code: _____</p> <p>city _____</p> <p>VAT _____</p> <hr/> <p><u>Field 2</u></p> <p><b>Analysis costs deducted via:</b></p> <p><input type="radio"/> Contract with Sciensano  (contract nr. or ref.) _____</p> <p><input type="radio"/> FASFC  (Provided prior agreement by FASFC was given)</p>	<p><b>Motive of analysis request:</b></p> <p><input type="radio"/> Diagnostic</p> <p><input type="radio"/> Import: .....</p> <p><input type="radio"/> Export: .....</p> <p><input type="radio"/> Purchase / Sale</p> <p><input type="radio"/> Outbreak</p> <p><input type="radio"/> Certification / Qualification</p> <p><input type="radio"/> Official program: Screening-Surveillance</p> <p><input type="radio"/> Collection / Competition</p> <p><input type="radio"/> Re-evaluation positive / non-interpretable result</p> <p><input type="radio"/> Suspicion (suspect symptoms):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="radio"/> Other: .....</p>
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<b>B. SUBMITTED MATERIAL</b>	Sampling date:	Nr. of samples:	Nr. of animals:
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Species:  Horse  Donkey

Category: 1. Half-bred- 2.Draft horse- 3.Pony- 4.Purebred- 5.suckler cow- 6.mixed- 7.reproduction

\* Complete in table "Identification of submitted material"; only use the number belonging to each category.

**Type of material:**

<input type="radio"/> non-coagulated blood	<input type="radio"/> embryo	<input type="radio"/> organs (please specify):
<input type="radio"/> serum	<input type="radio"/> sperm	<input type="radio"/> swab (please specify):
<input type="radio"/> milk	<input type="radio"/> feces	<input type="radio"/> bacterial strain (please specify):
	<input type="radio"/> feed	<input type="radio"/> other (please specify):

**Identification of submitted material:**

Nr	Animal ID	Material	Date of birth / Age	Sex	Category *	Breed	External Reference
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

## Horse – Donkey

In case a specific test  $\diamond$  is requested for a disease, please specify this in the designated column. In case the requested test/disease combination does not apply to all identified individuals, enter the “Nr.” specified in “Identification of submitted material” of each animal in the correct test/disease field(s).

Bacterial diseases		Molecular Test $\diamond$	Bacteriological Test $\diamond$	Serological Test $\diamond$	Antibiogram
<input type="checkbox"/> Metritis (CEM)	CEM				
<input type="checkbox"/> Chlamydiosis	CHL				
<input type="checkbox"/> Colibacillosis	COL				
<input type="checkbox"/> Glanders	GLA				
<input type="checkbox"/> Leptospirosis	LEP				
<input type="checkbox"/> Mycoplasmosis	MYC				
<input type="checkbox"/> Strangles	STR				
<input type="checkbox"/> Other:					

Typing of Salmonella and other bacterial strains (zoonotic) according to:

[https://www.sciensano.be/sites/default/files/097form\\_11-vm-97-naanvraag\\_typering\\_van\\_bacteriele\\_stammen\\_geisoleerd\\_uit\\_de\\_voeding823-04-2019.pdf](https://www.sciensano.be/sites/default/files/097form_11-vm-97-naanvraag_typering_van_bacteriele_stammen_geisoleerd_uit_de_voeding823-04-2019.pdf)

Viral diseases		Molecular Test $\diamond$	Virological Test $\diamond$	Serological Test $\diamond$
<input type="checkbox"/> African horse sickness	AHS			
<input type="checkbox"/> Aujeszky/ Pseudorabies	AUJ			
<input type="checkbox"/> Equine encephalitis (Eastern, Western, Venezuelian, Japanese)	EEE WEE VEE JEE			
<input type="checkbox"/> EHV 1	EHV			
<input type="checkbox"/> Anemia (infectious)	EIA			
<input type="checkbox"/> Encephalomyocarditis	EMC			
<input type="checkbox"/> Viral arteritis	EVA			
<input type="checkbox"/> Influenza	FLU			
<input type="checkbox"/> Stomatitis (vesicular)	VST			
<input type="checkbox"/> West Nile	WND			
<input type="checkbox"/> Other:				

Rabies diagnosis in animals according to:

[https://www.sciensano.be/sites/default/files/074form\\_13-3-74-naanvraag\\_voor\\_diagnose\\_van\\_rabies-dier707-09-2018.pdf](https://www.sciensano.be/sites/default/files/074form_13-3-74-naanvraag_voor_diagnose_van_rabies-dier707-09-2018.pdf)

### Parasitology

<input type="checkbox"/> Babesiosis (Piroplasmosis)	BAB	
<input type="checkbox"/> Dourine (Cover sickness)	DOU	
<input type="checkbox"/> Other:		

### TSE

<input type="checkbox"/> Transmissible encephalopathy	TSE	
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Electron microscopy:

◇ Main available methods:

- Molecular tests: genotyping, PCR, Real Time-PCR
- Bacteriological tests: isolation, identification, special staining, telling, antibiotics sensitivity test
- Virological tests: isolation, negative staining, immunofluorescence, Elisa Antigen, viral presence, hemadsorption
- Serological tests: seroneutralisation, antibody titration, hemagglutination inhibition, Elisa Antibody (gE, gB, indirect,...), complement binding reaction, Immunofluorescence, immunodiffusion, agglutination, Rose Bengal test.

These methods are not necessarily available for all diseases. In case of doubt, please consult the table in this link:  
<https://www.sciensano.be/nl/analyse-aanvragen/aanvraag-voor-veterinaire-analyse>

<b>Date and signature of the requestor:</b>  <input type="radio"/> Veterinarian <input type="radio"/> FASFC/LCU <input type="radio"/> Lab / Other	<i>(Reserved for Sciensano. Do not fill out this field)</i>
	<b>Date of reception:</b> _____ <b>signature:</b> _____
	<b>Time:</b> _____
	<b>State received:</b> <input type="radio"/> T <input type="radio"/> C <input type="radio"/> F <input type="radio"/> O
	<b>Assessment date:</b> _____ <b>signature:</b> _____
	<b>Time:</b> _____
<b>Request conform:</b> <input type="radio"/> yes <input type="radio"/> no	
<b>Registration date:</b> _____ <b>signature:</b> _____	
<b>Time:</b> _____	